

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	(initials)	6098101	1/11
O.I.P.E. CLASSIFIER			5-27-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	GW	64930	2-15

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 -+ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	4-3-01
2	✓	✓	4-28-01
3	✓	✓	4-29-02
4	✓	✓	10-9-02
5	✓	✓	5-15-02
6	✓	✓	5-15-02
7	✓	✓	5-15-02
8	✓	✓	5-15-02
9	✓	✓	5-15-02
10	✓	✓	5-15-02
11	✓	✓	5-15-02
12	✓	✓	5-15-02
13	✓	✓	5-15-02
14	✓	✓	5-15-02
15	✓	✓	5-15-02
16	✓	✓	5-15-02
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18	✓	✓	5-15-02
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31	✓	✓	5-15-02
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42	✓	✓	5-15-02
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46	✓	✓	5-15-02
47	✓	✓	5-15-02
48	✓	✓	5-15-02
49	✓	✓	5-15-02
50	✓	✓	5-15-02

Claim	Final	Original	Date
51	✓	✓	10-9-02
52	✓	✓	5-15-02
53	✓	✓	5-15-02
54	✓	✓	5-15-02
55	✓	✓	5-15-02
56	✓	✓	5-15-02
57	✓	✓	5-15-02
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82	✓	✓	5-15-02
83	✓	✓	5-15-02
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85	✓	✓	5-15-02
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98	✓	✓	5-15-02
99	✓	✓	5-15-02
100	✓	✓	5-15-02

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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